Health Policy Research Consortium

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INVENTORY OF PHYSICIAN PRACTICE COST DATA SOURCES

Submitted by:

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January 12, 1992

In cooperation with

Boston University

Center for Health Economics Research

Urban Institute

This report was prepared with the support of HCFA Office of Research under Cooperative Agreement No. 99-C-98526/1-08 to the Health Policy Research Consortium -- Boston University, Center for Health Economics Research, and Urban Institute. Administrative offices are located at the Keller School, Brandeis University, Waltham, MA 02254. The opinions expressed in this report are the authors' and do not reflect the opinions of HCFA.

ACKNOWLEDGEMENTS

This inventory would not have been possible without the cooperation and support of data source sponsors, HCFA staff, and other CHER staff. We would like to thank **all** of the sponsors that helped us understand the selected data sources **-** or directed us to other data sources. Of course, any errors of ommission or commission are the responsibility of the authors.

We would Eke to thank Nancy McCall, Sherry **Terrell**, and Mark **Freeland** at HCFA for their data source ideas in the early stages of this project.

We would also like to thank Philip W. Tyo and Sharron J. Bell for their production support throughout the project.

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INVENTORY OF PHYSICIAN PRACTICE DATA SOURCES

INTRODUCTION

The Health Care Financing Administration (HCFA) relies on physician data for multiple policy and research objectives. Physician practice cost and income data are used to update the Medicare Economic Index (MEI) and the Geographic Practice Cost Index (GPCI), both important elements in the determination of physician reimbursement. In addition, data on physician practice characteristics and costs have enabled researchers and policy makers to better understand the complexities of medical practice. With the phase-in of the Medicare Fee Schedule in 1992, HCFA's needs for accurate physician data will extend beyond MEI and GPCI updates and refinements. Additionally, the impacts of the fee schedule on physicians will need to be assessed.

Currently, HCFA requires a coordinated effort to assess its current and future data needs, evaluate the data sources that can be used to meet current data needs, and develop data strategies to meet future data needs. Under a Cooperative Agreement with HCFA, the Center for Health Economics Research (CHER) is conducting such a study. This report provides an inventory of data sources relevant to the economics of physician practice.

GUIDE TO USERS

Scope. The overall goal of the inventory is to provide a list and brief description of data sources relevant to physician economics. Physician economics is broadly defined as issues relating to productivity, fees, practice revenue, practice expenses, net income, **payor** mix, billing practices, and demographics. The inventory includes abstracts for a total of 30 data sources, representing 21 different sponsors. Three major "collectors" of physician data are represented:

- <u>Federal government</u> (e.g., HCFA, Bureau of the Census, Internal- Revenue Service);
- **Medical societies** (e.g., AMA, specialty societies, state medical societies); and
- **hybinizources** (e.g., pment firms and practice management consultants).

Federal government physician data sources include both periodic **surveys** aimed specifically at physicians and regularly-collected population surveys that include physician information as part of national surveys of many different professions and establishments.

Medical societies, which include the American Medical Association (AMA) as well as specialty and state societies, frequently collect data for policy formulation, research, and membership services. Many of these societies have been collecting data for several years, enabling both cross-sectional and time-se&s analysis.

The third group of sponsors, placement specialists/management consultants, collect primarily gross income and fringe benefit data as a baseline for their clients. Some may also gather data on hours worked, revenues, and expenses, also to be used **by clients** as baseline figures.

Methodology. Discussions with HCFA staff and other CHER staff identified known physician data sources as **well** as organizations that were **likley** to collect physician data. Methodology reports, survey questionnaires, sample tabulations, and other published materials were obtained from each of the data source sponsors. After reviewing published materials, telephone calls were placed to clarify and elaborate on specific survey characteristics.

<u>Contents of Abstract</u>. Each abstract contains seven basic types of information, each of which is defined below.

- **<u>Description.</u>** A brief description of basic survey characteristics, such as sample frame, **geographic** scope, eligibility, and sample (or universe) size.
- **Data Years.** The years that the **data** pertain to, and not necessarily the year the survey was conducted or the year appearing **in** the title of the survey. In some cases, **practice** pattern questions pertain to the current calendar year **while** financial questions pertain to respondents' most recent fiscal year.
- **Survey Elements.** A list of all of the information gathered in the survey, categorized by major type: physician/group characteristics, productivity, practice size, practice expenses, **practice** revenues, physician income, and "other."

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- **Response** Rate Generally, the number of respondents as a percent of **all who we**re initially surveyed. Response rates are not always directly comparable because there are variations in how they are calculated.
- **Accessibility** A brief description of how to begin to obtain the data. The relative ease of obtaining data varies substantially; the first step **should** be to communicate **with** the contact person.
- <u>Contact Person</u>. A name, address, and telephone number of someone that can be reached for additional information about the data source or inquiries into obtaining the data. In some cases this will serve only as an **initial** contact, depending on the researcher's needs.
- <u>References</u>. A list of publications based on the data and/or descriptions of survey methodology. In some cases, this does not serve as an exhaustive list.

Claveals. Two limitations of this inventory should the mentionedy m a y not include all databases related to physician economics. In narrowing the scope of included data, it is possible that some studies with pertinent physician economic data were excluded unintentionally. Moreover, it is possible that some data sources were not identified either because they were considered proprietary to the sponsor, because of inadequate probes for relevant data sources, or because we failed to identify the most knowledgable respondent. Second, abstracts were not systematically verified with the contact person, although telephone calls were placed to clarify or expand on published material. Any errors of omission or comission are the responsibility of the authors.

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ABSTRACTS

ABSTRACT #1: American Academy of Family Physicians Survey

SPONSOR: American Academy of Family Physicians (AAFP)

DESCRIPTION:

An annual survey of a stratified random sample of **AAFP** membership. Three separate surveys, each mailed to 4,400 physicians, cover hospital, socioeconomic, and office practice characteristics. The completed dataset for each of the three surveys was roughly 2,860 physicians **in** 1990.

DATA YEARS: 1987, 1988, 1989, 1990

<u>Physician/Practice Characteristics</u> - gender, hospital affiliation, range of procedures performed, practice setting, Medicare caseload **SURVEY ELEMENTS:**

Productivity - total hours, allocation of hours, total visits, allocation of visits

Practice Size - none

Expenses - total tax-deductible professional expenses

Practice Revenues - none

Physician Income - personal net income

<u>Other</u> - malpractice premium/coverage levels, billing practices, HMO/PPO participation, patierrt demographics, types of laborato y tests perform d in office, types of diagnostic procedures performed in the office, average fees

60-70% (1990 Survey) **RESPONSE RATE:**

ACCESSIBILITY: Data are not available to the public except in published, aggregate form.

CONTACT: Gordon Schmittling

American Academy of Family Physicians

8880 Ward Parkway

Kansas City, Missouri 64114

(816) 333-**97**00

REFERENCES: Facts About Family Practice, American Academy of Family Physicians,

ABSTRACT # 2:. Orthopaedic Physician Census

SPONSOR: American Academy of Orthopaedic Surgeons (AAOS)

DESCRIPTION: A periodic survey of the universe (15,710) of AAOS membership

A periodic survey of the universe (15,710) of AAOS membership nationwide. A total of 14,185 uestionnaires were returned. Data was tabulated only for active, boar8-certified **orthopaedic** surgeons known to be engaged in the full- or part-time **practice** of orthopaedic surgery. The **completed dataset** consisted of 11,829 physicians in 1990. Basic socioeconomic data are collected in the first part of the questionnaire. In the second part, **physicians** are randomly allocated into three subsets, each of which received one supplemental form focusing on professional liability, arthroscopy, or electronic media.

1986, 1988, 1990 (1986 is not comparable to later years) **DATA YEARS**

SURVEY ELEMENTS:

<u>Physician/Practice Characteristics</u> - active/inactive, specialty, faculty, age, gender, board certification, location, university affiliation, practice setting, areas

of expertise, post-graduate fellowship

Productivity - # of surgical procedures, # of office visits

Practice Size - none

Practice Expenses - malpractice

Practice Revenues - none

Physician Income - none

Other - malpractice premiums/coverage levels, HMO/PPO participation, patient

demograph ics

RESPONSE RATE: 90.3% **(1990** Survey)

ACCESSIBILITY: Data are generall y not available to the public except in published,

aggregate form. Requests for additional tabulations may be made by wrrting to the AAOS Department of Health Policy and Research.

CONTACT: Allen Praemer

Research Manager Department of Health Policy and Research American Academy of Orthopaedic Surgeons

222 South Prospect Avenue Park Ridge, Illinois 60068

(708) 823-7186

1990-91 Orthopaedic Practice in the U.S., American Academy of Orthopaedic Surgeons, 1991. REFERENCES

ABSTRACT # 3: Statistics of Income (SOI)

Department of the Treasury, Internal Revenue Service (IRS) **SPONSOR**

DESCRIPTION: The SO1 division of the IRS produces several studies, each based on a

stratified probability sample of income tax returns or other forms filed with the IRS. Response rates are not applicable because the sample consists of forms that have already been filed. The SO1 division produces reports on individuals, corporations, partnerships, sole proprietorships, estates, and tax-exempt organizations. Statistics of physicians' returns can be found in the **individual** (i.e., physician employees), corporation, partnership, and sole proprietorship reports. Data are typically aggregated by industry ('offices of physicians'') and includes detail on

total income and total deductions.

DATA YEAR!? SO1 Bulletins have been published annually since 1916. Other reports are

periodic.

SURVEY ELEMENTS: vsician/Practice Cnaractertics - legal structure (e.g., corporation,

partnership, sole proprietorship), employment status

<u>Productivity</u> - none

Practice Size - none

Practice Exvenses - rvages, deferred compensation, fringe benefits, total rent/lease, depreciation, bad debt, maintenance, interest, legal fees, taxes, other

Practice Revenues - business receipts, capital gains, dividends

<u>vsician Income - net income, interest income, dividend income, rental income</u>

Other - total assets, total liabilities

RESPONSE RATE: Not applicable

ACCESSIBILITY: Reports and tapes can be purchased from the Director of the Statistics of

Income Division (R:S), Internal Revenue Service, P.O. Box 2608,

Washington, D.C. 20013; (202) 874-0410.

Tom Petska CONTACT:

Chief

Coordination and Publication Statistics of Income Division Internal Revenue Service Washington, D.C. 20013 (202) 874-0360

REFERENCES:

SO1 Bulletin (quarterly); Corporation Source Book, 1988; Partnershiv Source Book, 1957-1983; Sole Proprietorship Stuce Book 957-19; Studies of Tax Exempt Organizations, 19741987; Partnership Returns.

ABSTRACT # 4: Survey of Fellows

> SPONSOR: American College of Obstetricians and Gynecologists (ACOG)

A periodic survey of a national random sample of 2,000 **ACOG** members. **DESCRIPTION:**

Eligibility was limited to board-certified, board-eligible patient care obstetricians and/or gynecologists practicing in the U.S. Characteristic and productivity data pertain to the last week practiced, expense data

pertain to 1989.

1990 **DATA YEARS**

<u>vsician/Practice Characteristics</u> - active/inactive, subspecialty, race, age, gender, urban/rural, region, Medicare participation, years in medical practice, type of practice (salaried, fee-for-service, salaried employee of HMO) **SURVEY ELEMENTS:**

Productivity - total weeks, total hours, allocation of hours, total visits, allocation

of visits

Practice Size - none

<u>Practice Expenses</u> - wages, depreciation, medical equipment, materials and <u>supplies</u>, mapractice, total expenses, office expenses, other tax deductible expenses

Practic evenues - practice revenue, distribution of revenue among group

members

Physician Income - personal net income

Other • malpractice premiums, ownership of equipment, assignment rates

RESPONSE RATE: 64%

ACCESSIBILITY: Data are generally not available to the public **except** in published,

aggregate form. Additional requests must be made in writing.

CONTACT: Shelah Leader, Ph.D.

American **Colleg**e of Obstetricians and Gynecologists 409 12th Street, **S.W.**

Washington, TC 20024-2188 (202) 863-2570

REFERENCES: Forthcoming. ABSTRACT # 5: ` Survey of Fellows: **OB/GYN** Services for Indigent Women

SPONSOR: The American College of Obstetricians and Gynecologists (ACOG)

A survey of a random sample of ACOG Fellows, stratified to ensure a **DESCRIPTION:**

national representation. Excluded from the sample were Junior Fellows in their first four years of residency, military personnel, Fellows not in active practice, and those residing outside of the 51 states and the District of Columbia. A total of 5,377 questionnaires were distributed. The completed dataset consisted of 2,443 physicians. Data were weighted to

adjust for population differences.

DATA YEARS 1987, 1991

Physician/Practice Characteristics - active/inactive, subspecialty, age, gender, SURVEY ELEMENTS:

multispecialty group, community size, salaried/non-salaried

Productivity - none

Practice Size - none

Practice Expenses - none

Practice Revenues - none

Physician Income - none

<u>Other</u> - patient demographics, Medicaid caseload, site of provision of obstetrics services, Medicaid participation issues

RESPONSE RATE: 45.4% (1991 Survey)

ACCESSIBILITY: Data are generally not available to the public except in published,

aggregate form. Requests for additional tabulations may be made by writing to the Committee on Health Care for Underserved Women.

CONTACT: Jan Chapin

> Committee on Health Care for Underserved Women The American College of Obstetricians and Gynecologists

409 12th Street, S.W.

Washington, 1C 20024-2188

(202) 863-2579

REFERENCES: OB/GYN Services for Indieent Women: Issues Raised by an ACOG

Survey. The American College of Obstetricians and Gynecologists, 1989.

ABSTRACT # 6:` Survey of Fellows: Professional Liability and Its Effects

SPONSOR: American College of Obstetricians and Gynecologists (ACOG)

DESCRIPTION: A periodic survey of **ACOG** Fellows concerning **professional** liability

issues. Questionnaires were mailed to a stratifie a random sample of 4,100 **ACOG** Fellows. The sample excluded Junior Fellows still in residency, military personnel, members outside the **50** states, and inactive practitroners. The completed 1989 **dataset** consisted of 2,213 physicians. **Data** were weighted to adjust for population differences.

DATA YEARS: 1982, 1984, 1986, 1989

Physician/Practice Characteristics - active/inactive, subspecialty, age, gender, **SURVEY ELEMENTS:**

region, multi-specialty group, # of years in practice, practice setting

<u>Productivity</u> - # of deliveries per month

Practice Size - # of full-time MDs

<u>Practice Expenses</u> - malpractice premiums

<u>Practice Revenues</u> - none

Physician Income - none

Other - malpractice coverage levels, # of claims filed against OB/GYN, total # of liability claims, types of liability claims, amount paid for liability claims, changes

in practice as a result of liability risk

RESPONSE RATE: 54% (1989 **Survey)**

ACCESSIBILITY: Data are generally not available to the public exce t in published,

aggregate form. Additional requests must be mace in writing.

CONTACT:

Kenneth V. **Heland**, Associate Director Professional **Liability** American **College** of Obstetricians and Gynecologists 409 12th Street, S.W. **Washington**, DC 200242188

(202) 638-5577

REFERENCES: Professional Liability and Its Effects: Report of a 1990 Survey of ACOG's

Membership, American College of Obstetricians and Gynecologists, September 1990.

ABSTRACT #7: American College of Radiology Manpower Survey

SPONSOR: American College of Radiology (ACR)

DESCRIPTION: A periodic survey of a stratified random sample of radiologists

naffonwide. The AMA Physician Masterfile serves as the sampling frame. The completed dataset (1990 survey) consisted of 1,850 radiologists (including diagnostic, therapeutic, and nuclear subspecialties). The primary icus is to collect data on physician characteristics and

information on areas of expertise (e.g., CT scan, MRI, pediatric, vascular).

1978, 1981, 1984, 1987, 1990 DATA YEARS:

Physician/Practice Characteristics - active/inactive, subspecialty, age, gender, board certification, urban/rural, region, multispecialty group, ownership, experience, major patient-care activity, areas of expertise, practice setting, types of **SURVEY ELEMENTS:**

procedures performed

Productivity - total weeks, total hours, allocation of hours

Practice Size - # of full-time MDs, # of part-time MDs

Practice Expenses - none

Practice Revenues - none

Physician Income - none

Other - HMO/PPO participation, assignment rates

RESPONSE RATE: 68% (**1990** Survey)

Data are enerally available to the public after the ACR has generated its ACCESSIBILITY:

internal 8ocuments. Requests must be made in writing.

CONTACT: William C. Chan

Research Analyst

American College of Radiology 1891 Preston White Drive Reston Vir in, vîrgin1 (703)648-8983

REFERENCES: None. ABSTRACT # 8:' Socioeconomic Monitoring System

> SPONSOR: American Medical Association

DESCRIPTION:

An annual survey of a nationally representative, stratified sample of physicians drawn from the AMA Masterfile. Questionnaires were administered by phone to physicians nationally, mail surveys were also used to maximize response. Eligibility was limited to nonfederal, fully licensed MDs that worked more than 20 hours per week. The completed dataset consisted of 4,022 physicians (1990 survey). Weights are calculated to adjust for differential nonresponse, and sample allocation.

item-nonresponse, and sample allocation. Income and expense data are collected for the year prior to the survey, while all other data correspond to the year of the

DATA YEARS: 1982 - 1989. Data was collected prior to 1982 but it is not strictly comparable to

later years.

<u>Physician/Practice Characteristics - active/inactive, specialty, faculty, age, gender, FMG status, board certification, urban/rural, region, Medicare participation,</u> **SURVEY ELEMENTS:**

multispecialty group, ownership, hospital affiliation

Productivity - surgical assists, total weeks, total hours, allocation of hours, total visits,

allocation of visits

<u>Practice Size</u> - number of patients, # of full-time MDs, # of part-time MDs, # of full-time non-MD employees, # of part-time non-MD enryloyees

<u>Practic xpenses</u> - wages, fringe benefits, total rent/lease, depreciation, medical e uipment, materials and supplies, malpractice, utilities, administrative, physicians'

s3rare of expenses

Practice Revenues - none

<u>vsician Income</u> - personal net income, bonuses, profit-sharing

Other -fees by payor type/procedure, ownership of equipment, patients' waiting fime,

HMO/PPO participation, assignment rates, patient demographics

69.1% (1990 Survey) RESPONSE RATE:

ACCESSIBILITY:

Data are generally available one year after completion (e.g., the 1990 survey, with 1989 income and expense data, was available in mid-1991). Tapes cost \$5,000 for

nonprofit **organizations** and \$10,000 for others. Requests must be in writing.

Sara L. Thran CONTACT:

Director, Special Products Center for Health Policy Research American Medical Association

515 North State Street

Chicago, TL 60610 (312) 464-4338

Socroecononic Characteristics of Medical Practice, 1982-1990, American Medical REFERENCES:

Association.

ABSTRACT # 9: Group Practice Survey

> SPONSOR: American Medical Association

DESCRIPTION:

A national survey of the universe of medical **groups** drawn from the AMA Physician Masterfile and the Medical Group Management Association's listings. A medical **group** practice was **defined** as the application of medical service by three or more physicians formally organized to provide medical care, consultation, diagnosis, and/or treatment, through the joint use of equipment, records, and personnel, and with income from practice distributed according to some prearranged plan." The study population **totalled** 16,579 group practices representing 155,628 physicians (1988)

Survey).

DATA YEARS: **1965**, **1969**, **1975**, **1980**, **1984**, **1988** (next in 1992).

<u>Physician/Practice Characteristics -</u> specialfy, faculty, urban/rural, region, Medicare participation, multispecialty group, ownership, group's organizational **SURVEY ELEMENTS:**

structure, management responsibilities

Productivity - none

<u>Practice Size</u> - # of full-time MDs, # of full-time non-MD employees, # of

full-time MDs by specialfy

Practice Expenses - overhead expenses as a percent of annual revenue

Practice Revenues - distribution of revenue among group members, sources of

revenue

Physician Income - none

Other - HMO/PPO participation, use of practice parameters, peer review, ownership of facilities (e.g., lab)

RESPONSE RATE: 87.9% (1988 Survey)

ACCESSIBILITY: Information gathered through the Group Practice Survey is available for

sample selection, survey consultation, credentialing activities, and list house activities. Special tabulations may be re uested by writing Gene Roback, Physician Data Services, American Me8 ical Association, same

address as below.

Penny L. Havlicek CONTACT:

Division of Survey and Data Resources

American Medical Association

515 North State Street Chicago, IL 60610 (312) 464-5318

Medical Groups in the U.S.: A Survey of Practice Characteristics, American Medical Association, 1990. REFERENCES:

ABSTRACT # 10: Physicians' Professional Activities Survey (PPA)

SPONSOR: American Medical Association

DESCRIPTION:

This national survey erves as the **primary means** of **tracking** physicians and enables the AMA to update the **Physician** Masterfile. The **PP**A is a census of all **physicians**, continuously updated. Medical schools provide the initial information and subsequent updates are done using a mix of mailings and telephoning. The primary goal is to collect basic physician data, such as addresses, telephone numbers, and specialty, as well as other practice characteristics such as hosptal affiliation and hours worked. The PPA gathers information on all 600,000+ M.D.s and D.O.s nationwide.

DATA **YEARS**: Continuously updated since 1968.

SURVEY ELEMENTS:

Physician/Practice Characteristics - active/inactive, specialty, faculty, race, age, gender, FMG status, board certification, urban/rural, region, ownership, hospital affiliation, name of medical school, licensure status, information on

disciplinary actions

<u>Productivity</u> - total hours

Practice Size - none

Practice Expenses - none

Practice Revenues - none

Physician Income - none

Other - none

RESPONSE RATE: 100%

Information gathered through the PPA and listed in the Physician **ACCESSIBILITY:**

Masterfile is available for sample selection, survey consultation, credentialing activities, and list house activities. Special tabula tions may be requested or parts of the Masterfile may be licensed to outside users.

Requests must be made in writing

CONTACT: Gene Roback

Physician Data Services

American Medical Association

515 North State Street Chicago, IL 60610 (312) 464-5180

REFERENCES: The AMA has several periodic publications pertaining to the Physician

Masterfile: American Medical Directory: Physician Characteristics and Distribution in the United States: U.S. Medical Licensure Statistics and License Requirements: Specialty Profiles: Foreign Medical Graduates:

National Physician Trends.

ABSTRACT #11: American Psychiatric Association Professional Activities Survey

(PAS)

SPONSOR: American Psychiatric Association (APA)

DESCRIPTION:

A survey of all **APA** members and non-member psychiatrists nationwide. Non-members were identified using AMA Physician Masterfile data. Two data sets were constructed: one containing information for 23,126 **APA** members and the other containing information for 2,922 non-members. The **goal** of the **survey** was to collect core information, such as practice setting, age, and gender, in addition to special topics such as patient

characteristics and referral patterns.

DATA YEARS: 1982, 1988/89

SURVEY **ELEMENTS**: <u>Physician/Practice Characteristics - active/inactive, subspecialty, race, age,</u>

gender, FMG status, board certification, urban/rural, zip code, Medicare participation, hospital affiliation, area of expertise, publications, practice setting

<u>Productivity</u> - total weeks, total hours, allocation of hours, total visits, allocation

of visits

Practice Size - none

<u>Practice Expenses</u> - total business operating expenses

Practice Revenues - sources of revenue

Physician Income - personal net income, percent of net income from pre-paid

medical plans, gross income

Other - billing practices, HMO/PPO participation, patient demographics, referral

patterns

RESPONSE RATE: 67.7% (APA member component), 28.9% (non-member component)

ACCESSIBILITY:

Data are generally not available to the public except in published, aggregate form. Requests for additional tabulations may be made by writing to the APA office of Research.

CONTACT: Thomas Dial, Ph.D.

Survey Design and Analysis Department

American Psychiatric Association

1400 **"K"** Street, N.W. Washington, DC 20005

(202) **682-6218**

REFERENCES: None ABSTRACT # 123 Assets and Expenditures Survey (AES)

> SPONSOR: U.S. Department of Commerce, Bureau of the Census

The AES provides data on selected characteristics of service industry **DESCRIPTION:**

firms, including capital expenditures, depreciable assets, and operating expenses. The AES is a nationally representative sample of service industry firms drawn from the Census of Service Industries, stratified by geographic location and firm size. Eli ible establishments are those with Standard Industrial Classification (SIA codes beginning with 7 or 8. SIC code 801 pertains to "offices of physicians" and code 803 pertains to "offices of osteopathic physicians. 'SIC 801 (and 803) are defined as "establishments of licensed practitioners having the degree of MD (D.O.) and engaged in the practice of generalized or specialized medicare and surgery (osteopathy)." The sample for SIC=801 was 921 in 1987. The same sample frame is used for the Service Annual Survey (see Abstract #9).

1954, 1958, 1963, and at 5-year intervals beginning in 1967. The most DATA **YEARS**:

recent is 1987.

Physician/Practice Characteristics - corporations/all others **SURVEY ELEMENTS:**

Productivity - none

Practice Size - none

<u>Practice Exbenses</u> - wages, fringe benefits, total rent/lease, depreciation, materials and supplies, automobili, maintenance, ufilities, advertising, taxes and license fees, total operating expenses, capital expenditures (buildings, auto, computers), asset depreciation (buildings, machinery), legally required expenditures

<u>Practice Revenues</u> - receipts/revenue

Physician Income - none

Other - acquisition value of depreciable assets

RESPONSE RATE: 85% (participation is required by law)

ACCESSIBILITY: Printed reports are available from the Government Printing Office and

> data tapes with aggregate data are available from the Bureau of the Census. Order forms are available from Customer Services, Census Bureau, Washington, D.C. 20233 (301) 763400. Special tabulations are

available upon written request.

CONTACT: Sheldon Ziman

Assets and Expenditures Survey Bureau of the Census

Washington T.C. 20233

(301) **763-5862**

REFERENCES: 1987 Census of Service Industries, "Capital Expenditures, Depreciable

Assets and Operating Expenses," Bureau of the Census, June 1991.

ABSTRACT #13: Current Population Survey (CPS)

> SPONSOR: U.S. Department of Commerce, Bureau of the Census

DESCRIPTION: A nationally representative survey of a probability sample of 60,000

occupied households. The covered group includes **noninstitutionalized** persons 16 years of age or more. Respondents are asked to report their occupational title, employment status, hours worked, hourly wage, and average weekly **earnings**. The January 1991 survey included data for 266 employed physicians. **Data** for self-employed persons are collected but not tabulated. Income statistics are **gathered** once a **year** in the March

Supplement.

DATA YEARS: Monthly since 1940

SURVEY ELEMENTS: Physician/Practice Characteristics - active/inactive, race, age, gender,

urban/rural, region, education level

<u>Productivity</u> - hours, overtime hours

<u>Practice Size</u> - none

Practice Expenses - none

Practice Revenue - none

<u>Physician Income - hourly wage, average weekly earnings</u>

Other - reasons for unemployment

Average 97% each month RESPONSE RATE:

ACCESSIBILITY:

Printed reports are available from the Government Printing Office. Other requests must be made in **writing** to the Bureau of the Census, Washington, **D.C.** 20233. Printed materials are **also** available from Customer Services, Census Bureau, Washington, D.C. 20233

(301) 763-4100.

CONTACT: Jim Warden

Economics and Statistics Administration

Bureau of the Census Washington, 1C 20233

(301) 763-2773

Money Income of Households, Families, and Persons in the United States: 1990, U.S. Department of Commerce, Bureau of the Census, 1991. REFERENCES:

ABSTRACT #14? Decennial Census

> SPONSOR: United States Department of Commerce, Bureau of the Census

DESCRIPTION: The Decennial Census collects all information on ail U.S. residents. Physicians

are identified by their self-re**ported occup**ational title. Data is aggregated by education level, gender, and **location**, but not by specialty or any other variables relating to medical practice. The Census collects "money income" statistics. Money income is defined as any compensation received regularly. It excludes capital gains, **noncash** compensations, and any in-kind compensation.

DATA YEARS Every tenth year ending in zero. 1990 is available in Spring of 1992.

SURVEY ELEMENTS: Physician/Practice Characteristics - education, gender, location

Productivity - none

Practice Size - none

Practice Expenses - none

Practice Revenues - none

<u>Physician Income - money income (any compensation received regularly)</u>

Other - none

RESPONSE RATE: Participation is required by law

ACCESSIBILITY: Printed reports are available from the Government Printing Office and data tapes

> with aggregate data are available from the Bureau of the Census. Order forms are available from Customer Services, Census Bureau, Washington D.C. 20233

(301) 763-4100.

CONTACT: Gordon Lester

Decennial Income Statistics U.S. Bureau of the Census Washington, I.C. 20233 (301) 763-8576

Socioec omic Characteristics: CP-2 1980, U.S. Department of Commerce, Bureau of; the Causa, 1982. REFERENCES:

Note: A 1990 Edition based on the 1990 Decennial Census will be available in the

spring of 1992.

ABSTRACT #15: Service Annual Survey (SAS)

> SPONSOR: U.S. Department of Commerce, Bureau of the Census

DESCRIPTION:

An annual survey of selected characteristics of service **industry** firms, **including** operating expenses, receipts, and revenue. The SAS is a **nationally** representative sample of establishments with Standard Industrial Classification (SIC) codes **beginning** with 7 or 8. SIC code 801 pertains to "offices of physicians" and code 803 pertains to "offices of osteopathic physicians." SIC 801 (and 803) are defined as "establishments of licensed practitioners having the degree of MD (D.O.) and engaged in the practice of generalized or specialized **medicare** and surgery (osteopathy)." Approximately 1,000 SIC=801 establishments were sampled in 1990. The same sample frame is used for the Assets and Expenditure Survey (see Abstract #12).

Expenditure Survey (see Abstract #12).

DATA **YEARS**: Annually since 1982. Monthly prior to 1982.

SURVEY ELEMENTS: Physician/Practice Characteristics - federal income tax status

<u>Productivity</u> - none

Practice Size - none

Practice Expenses - none

<u>Practice Revenues</u> - receipts (of taxable firms), revenues (of tax-exempt firms),

per capita receipts

Physician Income - none

Other - none

RESPONSE RATE: 86% (Participation is required by law)

Printed reports are available from the Government Printing Office and ACCESSIBILITY:

data tapes with aggregate data are available from the Bureau of the Census. Order forms are available from Customer Services, Census Bureau, Washington DC. 20233. **(301)** 763400.

CONTACT: Thomas Zabelsky

Chief

Current Services Branch Bureau of the Census Washington L.C. 20233 (301) 763-5528

1989 Service **Annual** Survey, U.S. Department of Commerce, Bureau of the Census, September 1990. REFERENCES:

ABSTRACT # 16: **Employment and Earnings**

> SPONSOR: U.S. Department of Labor, Bureau of Labor Statistics (BLS)

DESCRIPTION: A compilation of statistics from household interviews and reports from

employers. The household interview corn pnent is based on the Bureau of the Census's Current Population Survey (CPS) (see Abstract #13) and reports information on employment, hours worked and median earnings of wage and salary workers. Establishment-level data are gathered through the BLS's monthly probability sampling of establishments. The comp leted household dataset totalled 57,400 observations in March of 1989. The corn**pleted** establishment **dataset totalled** 282,003 observations in March of 19**89, 63,877** of which were service-related. Establishment data

is aggregated by Standard Industrial Classification (SIC) code.

DATA YEARS: Monthly since 1940 for the household survey and monthly since 1915 for

the establishment survey.

SURVEY ELEMENTS: <u>vsician/Practice Characteristics</u> - none

Productivity - total weeks, total hours

Practice Size - none

<u>actice Expenses</u> - none

Practice Revenues - none

<u>Physician Income - average weekly earnings</u>

Other - none

RESPONSE RATE: Average 97% each month for the CPS component, 35% for the

establishment component

ACCESSIBILITY: Printed reports are available from the Government Printing Office. Other

requests for data must be made in writing to the Bureau of Labor Statistics,

Washington DC. 20212.

CONTACT: Diane E. **Herz**

Economist

Bureau of Labor Statistics U.S. Department of Labor **Washington**, D.C. 20212 **(202)** 52**3-**1944

REFERENCES: Emvloyment and Earnings, U.S. Department of Commerce, Bureau of Labor Statistics, January 1991.

ABSTRACT #17: Physician Revenue Survey

> Ernst and Young/Jackson and Coker **SPONSOR**

DESCRIPTION:

A survey of the universe of **all** U.S. hospitals. Questionnaires were mailed to over 6,000 hospitals national **iy.** The completed dataset consisted of 800 hospitals representing a mix of public/private, fede&/nonfederal, and acute-care/specialty-care hospitals. The goal of the survey was to gather data **pertaining** to inpatient revenue per physician. Nonresponse bias was not

assessed.

DATA YEARS: 1985, 1986, 1987, 1988, 1989

SURVEY ELEMENTS: Physician/Practice Characteristics - none

Productivity - none

Practice Size - none

Practice Expenses - none

<u>Practice Revenues</u> - inpatient revenue per physician

Physician Income - none

Other - hospital bed size, type of hospital, ownership of hospital

RESPONSE RATE: 13% (1990 Survey)

ACCESSIBILITY: Data are only available in aggregate form and by written request.

CONTACT:

Beth Spoto Ernst and Young 235 Peachtree Street, N.E.

Suite 2100

Atlanta, Georgia, 30303 (404) 588-4427

REFERENCES: Annual report to participants.

Physicians' Practice Costs and Income Survey (PPCIS) ABSTRACT # 18:

SPONSOR: Health Care Financing Administration (HCFA)

DESCRIPTION: A nationally representative stratified random sample of physicians drawn

from the AMA Physician Masterfile. Questionnaires were administered by telephone. For the 1988 PPCIS, eligibility was limited to physicians working at least 20 hours per week throughout 1988, were full or part owners of their practice in 1988 (or employed by another physician in 1988), received at least 80 percent of their income from their full y or part-owned practice, and was in the same medical practice for all of 1988. Residents, clinical fellows, and research fellows were excluded. The completed dataset consisted of 3,505 physicians. Missing values were imputed and weights were assigned to account for disproportionate sampling and differential nonresponse. Earlier surveys have different eligibility criteria and sampling techniques, but adjustments can be made

to achieve comparable samples.

DATA YEARS: **1976-1979**, **1983**, **1986** (follow-up to 1983 survey), 1988.

<u>Physician/Practice Characteristics -</u> active/inactive, specialty, race, age, gender, FMG status, board certification, urban/rural, region, Medicare SURVEY **ELEMENTS**:

participation, multispecialty group, ownership

Productivity - total weeks, total hours, allocation of hours, total visits, allocation

of visits

Practice Size - # of full-time MDs, # of part-time MDs, # of full-time non-MD employees, # of part-time non-MD employees, # of same-specialty MDs, # of full-time MD employees, # of part-time MD employees

<u>Practice Expenses</u> wages, deferred compensation, fringe benefits for all physicians, other physician employees, and non-physician employees, total rent/lease/depreciation, utilities, cost per square foot, medical equipment, materials and supplies, malpractice, automobile, continuing education, other

<u>Practice Reven</u>ues - practice revenue, distribution of revenue among group members, sources of revenue

Physician Income - personal net income, percent of net income from main práctice

Other - malpractice premiums/coverage levels, ownership of equipment, Medicare billing practices, HMO/PPO participation (1983 survey), assignment rates

RESPONSE RATE: 61% (1988 Survey)

ACCESSIBILITY: Public-use data tapes are available from NTIS, U.S. Department of

Commerce, National Technical Information Service, Springfield, VA

22161; (703) 387-4650.

CONTACT:

NancyMcCall Health Care Financing Administration Oak Meadows Building; Room 2-B-14

6325 Security Boulevard Baltimore, MD 21207

(410) 966-6602

Thalji, Lisa et al., 1988 Physicians' Practice Costs and Income Survey: Final Report and User's Manual, Volume 1: Methodology Report, January 1991. REFERENCES:

ABSTRACT # 19: American College of Cardiology Membership Directory Survey

American College of Cardiology (ACC) SPONSOR:

DESCRIPTION:

A periodic survey of all (19,200) ACC members nationwide. Half of the survey questionnaire collects basic address, specialization, and certification information. The remainder of the questionnaire collects information on practice arrangements, procedures performed, and hours worked. The completed dataset consisted of 11,700 physicians in 1990.

1986, 1988, 1990 **DATA YEARS:**

Characteristics - specialty, faculty, age, gender, board **SURVEY ELEMENTS:** Physician/

certification, urban/rural, region, Medicare participation, yractice setting

Productivity - total hours, allocation of hours

Practice Size - # of full-time MDs

Practice Expenses - none'

Practice Revenues - none

Physician Income - none

Other - HMO/PPO participation, patient demographics

61% (1990 Survey) **RESPONSE RATE:**

ACCESSIBILITY: Data are available only by writing to the ACC. The ACC Executive

Committee must approve any request.

CONTACT:

Timothy L. Kennedy, Director Surveys and Information Resources **American** College of Cardiology 9111 Old Georgetown Road Bethesda, Maryland 20814 (301) 897-5400

REFERENCES: None.

Compensation Report on Hospital-Based and Group Practice Physicians ABSTRACT # 20:'

SPONSOR: John R. Zabka Associates

DESCRIPTION:

An annual survey of hospital-based and group practice physicians, drawn from Zabka Associates' listings. The most recent complete dataset consisted of 370 hospitals and medical groups. Data are reported in aggregate form by physician

specialty.

DATA YEARS: 1971 - 1990 annually

SURVEY ELEMENTS: Phracician Characteristics - specialty, region, federal/non-federal

Productivity - total hours

<u>Practice Size</u> - # of full-time MDs, bed size

Practice **Expenses** - none

Practice Revenues - none

vsician income - incentive &onus payments, base salary, percent of salary allocated to

fringe, planned percentage increase in income

Other - hospital bed-size, government/nongovernment status

RESPONSE RATE: 100%

Aggregate reports can be ordered for \$250 per copy. The annual reports contain information on employed physicians' bonuses and base salaries by hospital size **ACCESSIBILITY:**

and federal/non-federal status.

John R. Zabka CONTACT:

John R. Zabka Associates 69 Minnehan Boulevard

P.O. Box 376

Oakland, NJ 07436 (201) 427-2221

REFERENCES: Comvensation Report on Hosoital-Based and Group Practice Physicians,

1990-1991, John R. Zabka Associates, 1991.

ABSTRACT # 21:' Official Physician Census

> **SPONSOR** Massachusetts Medical Society (MMS)

D O N

A survey of the universe of physicians in Massachusetts and bordering counties, drawn frm MMS and AMA listings. Eligibility was limited to all MDs with a full license. The complete dataset consists of 13,659 physicians. Nonrespondents

were not analyzed.

DATA YEARS 1990

<u>Physician/Group Characteristics</u> - active/inactive, **specialt** y faculty, race, age, gender, FMG status, **board** certification, urban/rural, zip code, year of licensure, federal/nonfederal, post-graduate training **SURVEY ELEMENTS:**

Productivity - inpatient/outpatient hours, in-state/out-of-state hours

Practice Size - # full-time MDs

Practice Expenses - none

Practice Revenues - none

Physician Income - none

Other - HMO/PPO participation

RESPONSE RATE: 71.9%

ACCESSIBILITY: Data are not available to the public, although some results may be made

available with a written request.

CONTACT? David Pomeranz

Massachusetts Medical Society

Waltham, MA 02154 (617) 893-4610

REFERENCES: None. ABSTRACT # 22:' **Continuing** Survey of Physicians

SPONSOR: Medical Economics

DESCRIPTION:

An annual, national survey of physicians drawn from <u>Medical Economics'</u> master **list.** Questionnaires were mailed to all those listed, **totalling** 27,009 **MDs** and 3,754 **D.O.s** (1991 survey). **Eligibility** was limited to office-based physicians who provided patient care throughout the preceding year. The complete data set consists of 5,733 **M.D.s** and 1,094 D.O.s (1991 survey).

DATA **YEARS**: Annually, though year of first survey is unknown.

SURVEY ELEMENTS: Physician/Practice Characteristics - active/inactive, specialty, age, years in

practice, gender, urban/rural, location, ownership

Productivity - hours, visits

<u>Practice Size</u> - # of full-time MDs

<u>Practice Expenses</u> - wages, total rent/lease, depreciation, medical equipment, materials and supplies, malpractice, automobile, continuing education,

professional dues, consultants fees

Practice Revenues - none

<u>Physician Income</u> - personal net income

Other -fees by payor type/procedure

RESPONSE RATE: 30-40% (1991 Survey)

ACCESSIBILITY: Unknown.

CONTACT:

Medical Economics
Continuing Survey of Physicians
5 Paragon Drive

Montvale, NJ 07645-1742

(201) 358-7200

REFERENCES: Medical Economics. Fall issues. ABSTRACT # 23: ' Physician Compensation Survey

Medical Group Management Association (MGMA) SPONSOR:

DESCRIPTION:

An annual survey of all 4,750 MGMA medical **g**roups. A medical group is defined as three or more full-time e**quivalent ph**ysicians formal1**y** organized to provide medical care. The **compl**eted **dataset** in 1990 consisted of 997 groups representing 15,979 physicians.

Annually: 1986, 1988, 1989, 1990 DATA YEARS:

SURVEY ELEMENTS:

Physician/Practice Characteristics - specialty distribution, age, gender, board certification, urban/rural, region, Medicare participation, multispecialty group, ownersbip, group's primary affiliation, lega organization, years in specialty

Productivity - total hours per week

<u>Practice Size</u> - # of full-time MDs

<u>Practice Expenses</u> - none (see Abstract #24)

Practice Revenues - professional service production

<u>Physician Income</u> - salary (gross dollar amount paid for medical services rendered, including all bonuses and deferred compensation), physician

compensation method

Other - HMO/PPO participation

22% (1990 Survey) RESPONSE RATE:

Data are generally not available to the public except in published, **ACCESSIBILITY:**

aggregate form. Any additional requests must be made in writing.

CONTACT:

Steven S. Lazarus, Ph.D.
Center for Research in Ambulatory Health Care Administration
Medical Group Management Association
104 Inverness Terrace East
Englewood Colorado 80112

(303) 397-7879

Physiciam Compensation Survey Report: 991 Report Based on 1990 Data. Medical Group Management Association, 1991. REFERENCES:

ABSTRACT # 24: Cost and Production Survey

> SPONSOR: Medical Group Management Association (MGMA)

An annual survey of all 4,733 MGMA medical groups. A medical group is defined as three or more full-time equivalent physicians formally organized to provide medical care. The completed dataset consisted of 988 **DESCRIPTION:**

groups representing approximately 16,000 physicians (1990 survey).

DATA **YEARS**: Annually: 1980-1990

SURVEY ELEMENTS:

Physician/Practice Characteristics-specialty distribution, multispecialty group, age, gender, board certification! urban/rural, region, Medicare participation, group's primary affiliation, ownership, legal organization

Productivity - total hours per week

Practice Size - # offull-time equivalent MDs

<u>Practice Expenses-</u> wages, deferred compensation, fringe benefits. Prior to 1990 Survey: depreciation, medical equipment, materials and supplies, bad debt, charity care, maintenance, payments to lab facilities, utilities, marketing, total

rent/lease, malpractice, contracted services, professional dues, interest,

consultants fees, legal fees

Practice Revenues - practice revenue, distribution of revenue among group

members, sources of revenue, charges

Physician Income - none (see Abstract #23)

Other - none

RESPONSE RATE: 21% (1990 Survey)

ACCESSIBILITY: Data are generally not available to the public except in published,

aggregate form. Any additional requests must be made in writing.

CONTACT: Steven S. Lazarus, Ph.D.

Center for Research in Ambulatory Health Care Administration

Medical Group Management Association 104 Inverness **Terrace** East

Englewood, Colorado 80112

(303) 397-7879

REFERENCES: Cost and Production Survey Report 1991 Report Based on 1990 Data,

Medical Group Management Association, 1991.

ABSTRACT # 25: Academic Practice Physician Compensation and Production Survey

SPONSOR: Medical Group Management Association (MGMA)

An annual survey of all university-affiliated MGMA member medical **DESCRIPTION:**

groups. One questionnaire was completed for each medical school department. Individual faculty member data were deleted from the survey sample if physician compensation was less than \$20,000 per year, if allied healthcare professional compensation was less than \$10,000 per year, or if the faculty member was born before 1923. The completed 1990 dataset consisted of 387 departments, representing 77 medical schools and 10,157 faculty members. Faculty members were physicians as well as doctorates and limited-license practitioners.

DATA YEARS: 1988, 1990

<u>Physician/Practice Characteristics - faculty, age, gender, urban/rural, region, multispecialty group, university affiliation, hospital affiliation, specialty</u> **SURVEY ELEMENTS:**

distribution, public/private, type of operating system

Productivity - none

<u>Practice Size</u> - # of fill-time equivalent faculty members

Practice Expenses - none

<u>Practice Revenues - distribution of revenue among group members, professional</u>

service production

<u>Physician Income</u> - total compensation for full-time faculty

Other - none

RESPONSE RATE: 53% **(1990** Survey)

Note: This is a response rate based on the number of medical schools responding. Response rates for individual departments and faculty members are important but

difficult to accurately compute.

ACCESSIBILITY: Data are generally not available to the public except in published,

aggregate form. Any additional requests must be made in writing.

CONTACT: Steven S. Lazarus, Ph.D.

Center for Research in Ambulatory Health Care Administration

Medical Group Management Association 104 Inverness Terrace East

Englewood, Colorado 80222 **(303)** 397-7879

REFERENCES:

Academic Practice Physician Compensation and Production Survey Reuort: 1991 Report Based on 1990 Data, Medical Group Management

Association, 1991.

ABSTRACT # 26:` Survey of Group Practices

> SPONSOR: National Center for Health Services Research (NCHSR)

DESCRIPTION:

A one-time national survey of a sample of medical group practices drawn from **the** AMA Physician Masterfile. Eligibility was **limited** to groups of 3 or more physicians **provided** those **physicians** were either general surgeons, general practitioners, pediatricians, internists, obstetricians, or **gynecologists. The** sample was stratified by size and type of group as well as by physician specialty. Two analytic files were generated: one contaming group-level information for 957 groups and another containing physician-level information for 6 342 physicians **practicing** in those

physician-level Information for 6,342 physicians practicing in those groups. Questionnaires were administered in-person by 160 interviewers

nationwide.

DATA YEAR!? 1977 or 1978, depending on respondent's last complete fiscal year at time

of study.

Physician/Practice Characteristics - active/inactive, specialty, faculty, race, age, gender, FMG status, board certification, urban/rural, region, Medicare participation, multispecialty group, university affiliation, ownership, hospital a illation, group sponger (e.g., labor union, industry, hospital), medical school **SURVEY ELEMENTS:**

at iliation, enrollment in continuing education

Productivity - total weeks, total hours, allocation of hours, total visits, allocation of visits, number of patients seen, types of operations performed

<u>Practice Size</u> - # of full-time MDs, # of part-time MDs, # offull-time non-MD employees, # of part-time non-MD employees, number of examining room, # of dentists, # of oral surgeons

Practice Expenses - wages, total rent/lease/depreciation, materials and supplies, malpractice, bad debt, maintenance, payments to lab facilities, allocation of costs to group members

<u>Practice Revenues</u> - practice revenue, distribution of revenue among group members, sources of revenue

<u>Physician Income</u> - personal net income, percent of net income from main practice

Other -fees by payor type/procedure, ownership of equipment, billing practices, patient coverage by Medicare, Medicaid, uninsured

RESPONSE RATE: 63.7% (Groups), 54% (Physicians)

ACCESSIBILITY: Available through National Technical Information Service (NTIS). Data

tape order # PB80-191349/HBJ

CONTACT: Mathematica Poli Research, Inc.

Princeton, N.J. 08340 **(609)** 275-2332 ·

REFERENCES: Analysis of Economic Performance in Medical Group & a Final

Report and Executive Summary, Mathematica Policy Research, Inc., July 1979.

ABSTRACT # 27: Survey of Physicians

> SPONSOR: Physician Payment Review Commission (PPRC)

DESCRIPTION: A nationally representative stratified sample of **physicians drawn** from the

AMA Physician Masterfile. Questionnaires were mailed and followed with telephone calls. Eligibility was limited to physicians that were active in 1987 and not residents, clinical fellows, researchers, faculty, or

administrators. Also, salaried employees, employees of other M.D.s, and physicians that work less than 20 hours per week were excluded. The completed dataset contained practice expense data for 2,828 physicians. Weights were assigned to account for disproportionate sampling among

strata and differential nonresponse.

1987 DATA YEARS:

SURVEY ELEMENTS: 1?hvsician/Practice Characteristics - active/inactive, specialty, board

certification, urban/rural, region, Medicare participation, multi-specialty group

Productivity -total weeks, totalhours, allocation of hours, # of patient contacts,

allocation of patient contacts

<u>Practice Size</u> - # of full-time MDs, # of part-time MDs, # of fill-time non-MD employees, # of part-time non-MD employees

<u>Practice Expenses</u> - wages, de firred compensation, fringe benefits, total rent/lease/depreciation, medical equipment, materials and supplies, malpractice, maintenance, payments to lab facilities, utilities, contracted services

Practice Revenues - sources of revenue

Physician Income - personal net income, percent of net income from main

practice

Other - malpractice premiums/coverage levels, ownership of equipment, Medicare

billing practices, assignment rates, percent total bills considered bad debt

RESPONSE RATE: 6.2%

ACCESSIBILITY: Requests for data tapes may be made in writing directly to the **PPRC**.

CONTACT: Lauren **LeRoy**, Ph.D.

Physician Payment Review Commission

Suite 510

2120 L Street, N.W. Washington, D.C. 20037 (202) 653-7220

REFERENCES: Berk, M.L. et al., 1988 National Survey of Physicians, Final Report, 1989. ABSTRACT # 281 Health Care Wage and Sala y Review

> SPONSOR: Roth & Young Personnel Specialists

DESCRIPTION:

An annual study of Roth & Young private placement listings for employment opportunities for physicians and allied health workers nationally. Listings represent 2,000 employment openings for physicians of several different

specialties.

DATA YEARS: 1990

SURVEY **ELEMENTS**: Physician/Practice Characteristics - specialty

Productivity - total weeks, total hours

Practice Size - none

Practice Expenses - none

Practice Revenues - none

Physician Income - median annual net income

Other - none

RESPONSE RATE: Not applicable

ACCESSIBILITY: Data are generally not available to the public except in published, aggregate

form. Any additional requests must be made in writing.

CONTACT: William Beck

Roth and Young New York, NY **(212)** 557-4900

REFERENCES: "1990 Wage and Salary Review: Health Care Industry," Roth Young, 1991. ABSTRACT # 29: Texas Physician Study

> SPONSOR: Texas Medical Association (TMA)

DESCRIPTION: An annual survey of a sample of Texas physicians (both TMA members

and non-members). Telephone interviews were conducted with 800 randomly selected physicians. The goal of the survey was to gather detailed sock-economic information in addition to asking physicians about their views on reimbursement and public health concerns.

DATA YEARS: 1987, 1989, 1990

SURVEY ELEMENTS: Physician/Practice Characteristics - active/inactive, specialty, age, gender,

FMG status, urban/rural, location, practice setting

Productivity - hours, allocation of hours

Practice Size - none

<u>Practice Expenses</u> - malpractice, bad debt, charity care, total expenses

Practice Revenues - sources of revenue

Physician Income - personal net income

Other please by upayor patient demographics, types of diseases treated, public health concerns unique to location, expected impacts of RBRVS, percent of patients that are uninsured, physicians' views on health policy issues, laborato y ownership

RESPONSE RATE Unknown

Data are generally not available to the public except in published, aggregate form. **Any additional requests must be made** in writing ACCESSIBILITY:

CONTACT: Karen Batory

Director

Health Care Delivery Department

Texas Medical Association 401 West 15th Street Austin, Texas 78701-1680 (512) 370-1405

REFERENCES: None ABSTRACT # 30:' Annual Survey of the Total Compensation of Physician Employees

William M. Mercer, Inc. SPONSOR2

DESCRIPTION:

An annual, national survey of institutions that employ physicians. Questionnaires were mailed to about 900 institutions in Mercer, Inc. listings. Eligible organizations were ones that employed physicians or physician consultants. Organizations ranged from group practices to hospitals and HMOs. The completed dataset contained information for 73 institutions representing 4,700 physicians. The goal of the survey is to provide institutions with baselime estimates of physician compensation.

DATA **YEARS**: 1988, 1989

<u>Physician/Practice Characteristics</u> - specialty, urban/rural, region, Medicare participation, multispecialty group, university affiliation **SURVEY ELEMENTS:**

Productivity - total hours

<u>Practice Size</u> - none

<u>Practice Expenses</u> - wages, total operating expenses

<u>Practice Revenues</u> - operating revenue

Physician Income - compensation, other cash compensation

Other - none

RESPONSE RATE: Less than 10%

Data are available in aggregate form. Special tabulations and/or data tapes must ACCESSIBILITY:

be requested in writing.

CONTACT:

Kimberly A. Mobley National Physician Compensation Survey Director William M. Mercer, Inc.

400 Renaissance Center

Suite 1100

Detroit, MI 48243 (313) 259-1094

REFERENCES: Second Annual Survey of the Total Compensation of U.S. Physician Emolovees,

Mercer Inc., 1991.